

October 2014

## MEMORANDUM

### 2015 Annual License Renewal

#### ***NOT renewing your SD license ?***

**PLEASE document your decision in writing on your Application for Renewal and promptly return it to the Licensing Office along with your ORIGINAL LICENSE.**

Please note the following items:

- ❖ The mandatory license law has been in effect since July 1, 2007. Unless you are exempt from the law you must maintain a current license to practice counseling / therapy.
    - **By law you must have a renewed license by January 1.**
    - **You are not renewed unless you have a 2015 Renewal Card in your possession.**
    - Every January 1, the \$50 Late Fee (per license) is effective.
    - If you are an approved Supervisor, your supervision is not compliant if you are not renewed by January 1.
  - ❖ **You must record your correct license number on the Renewal form.** For example, your complete license number includes the license type and a number = LPC-MH777.
  - ❖ **Be reminded, forty (40) hours of compliant Continuing Education (CE) are due NEXT YEAR.**  
**Of the 40 hours, four (4) hours must be counseling-related Ethics.**  
**Compliant CE must have approval from one of the following entities and be documented on your attendance certificate:**
    - NBCC            National Board of Certified Counselors
    - AAMFT        American Association of Marriage & Family Therapists
    - CRCC        Commission of Rehabilitation Counselor Certification
    - NASW        National Association for Social Workers *(not the State SW Chapter)*
    - APA        American Psychological Association
    - JCAHCO      Joint Commission for Accreditation of Health Care Organizations
    - AMA PRA Category 1 Credit      American Medical Association
    - BCE        SD Board of Examiners for Counselors and Marriage & Family Therapists
    - Another state licensing board for Counselors or Marriage & Family Therapists
- OR**
- **College Counseling Courses that can be evidenced on College transcripts**  
1 Semester credit = 15 contact hours      1 Quarter credit = 10 contact hours

**APPLICATION for ANNUAL RENEWAL of License for 2015**  
**License must be renewed before DECEMBER 31, 2014.**

Please remember the Application for Annual Renewal is a legal document. You must complete every part or it will be returned and delay your renewal.

NAME: \_\_\_\_\_  
Last First Middle

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME CITY: \_\_\_\_\_ HOME ST: \_\_\_\_\_ HOME ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS NAME & COMPLETE ADDRESS: \_\_\_\_\_

**CORRECT License Number (ex. LPCXXX) you are renewing:**

- LICENSED PROFESSIONAL COUNSELOR (Renewal Fee = \$100) #LPC \_\_\_\_\_
- LICENSED PROFESSIONAL COUNSELOR-MENTAL HEALTH (Renewal Fee = \$75) #LPC-MH \_\_\_\_\_
- LICENSED MARRIAGE AND FAMILY THERAPIST (Renewal Fee = \$75) #LMFT \_\_\_\_\_

**Respond to Each Statement:**

**List** all other States where you hold a mental health related license or certification: \_\_\_\_\_

I have / have not (**CIRCLE ONE**) been convicted of, pled guilty to, or pled no contest to, an offense in this calendar year that could have resulted in incarceration for more than a year.

I have / have not (**CIRCLE ONE**) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota, in this calendar year.

I have / have not (**CIRCLE ONE**) been disciplined by a mental health licensing or certification board or by any mental health related professional organization in this calendar year.

I am / am not (**CIRCLE ONE**) \$1,000 or more behind in child support payments.

**APPLICATION for ANNUAL RENEWAL of License for 2015**

**In Accordance with SD Codified Law §22-29-1:**

“I declare and affirm under the penalties of perjury that this application and these responses have been examined by me, and to the best of my knowledge and belief, is in all things true and correct.” Any person who signs such statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Allow 2-weeks for processing and mail service. Please mail BY December 15<sup>th</sup>.**  
**The \$50 Late Fee will be imposed if not Renewed by January 1st.**

(ARSD20:68:02 & 20:71:04 & 20:73:02)

**Please complete every part of the Application to avoid delaying your renewal. Submit the Application along with a check or money order. Cash and credit cards *cannot* be accepted.**

**SD Board of Examiners for Counselors and MFTs  
PO Box 2164  
Sioux Falls, SD 57101-2164**

**FOR YOUR INFORMATION**

- ~ Each licensee must complete at least 40 contact hours of continuing education (including 4 hours of counseling-related ethics) every two-year period. ***Next compliance is by December 31, 2015.***
- ~ Each licensee is responsible for retaining the original certificate or other record of contact hours from continuing education programs received from approved providers for at least five years.

**College Credit Continuing Education Conversion Table:**

1 Quarter Credit = 10 Contact Hours  
1 Semester Credit = 15 Contact Hours

*For Office Use Only:*      Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Notes \_\_\_\_\_